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#### **SUMMARY**

May 6, 2005 Amendments
105 CMR 170.000, Emergency Medical Services (EMS) System Regulations
(Critical Care Service Licensure, EMT Reporting Requirements and Other Updates)

NOTE: This is a summary of changes made in these Massachusetts Department of Public Health (Department) EMS regulations only. Read the actual regulations for definitive and specific requirements of these changes. Some of these provisions will also be further defined and explained in administrative requirements (A/Rs), educational materials and applications/reporting forms.

## I. Critical Care Service Licensure

- <u>Creates New Level of Ambulance Service Licensure</u>, based on Commission on Accreditation of Medical Transport Systems (CAMTS), or Department-approved equivalent accreditation (170.200)
  - o Must be currently licensed at the Paramedic level to apply
  - o As of December 1, 2006, must have CAMTS accreditation to apply.
  - Prior to December 1, 2006, must have CAMTS accreditation or have pending application with CAMTS for accreditation, as long as accreditation is achieved by December 1, 2006, to apply
  - o Must have current affiliation agreement specific to critical care services
  - o Licensure fee of \$750 annually (170.215)
  - License term is coterminous with CAMTS accreditation period (170.230)

# • Requirements for Critical Care Services

- Staffing: 1 licensed driver or pilot, plus 2-person medical crew one who is at minimum licensed RN and certified EMT-Basic, and one who is a licensed physician or at minimum an EMT-Paramedic, all meeting CAMTS standards and requirements.
   (170.305)
- Staff clinical practice must be in accordance with service's clinical practice protocols that comply with CAMTS (170.305, 170.800(B)(2)). However, when not working with the critical care service, but working instead with another EMS service that is not licensed at the critical care service level, a Paramedic must comply with the Paramedic scope of practice as defined in the Statewide Treatment Protocols (170.800(B)(2).
- Policies and procedures developed with affiliate hospital medical director input, reviewed and approved at a minimum annually by the affiliate hospital medical director, and submitted annually to the Department (170.330(E))

 <u>Records</u>: Service must maintain documentation of compliance with all CAMTS standards and requirements, including but not limited to, CQI, training, orientation and continuing education, skill maintenance (170.345)

## II. Reporting Requirements of EMT Personnel (170.937)

- EMTs and EFRs must <u>file a written report with their service and with the Department</u>, within 5 days of the following:
  - o Conviction of a felony or misdemeanor
  - o Loss of driving privileges
- EMTs and EFRs must file a <u>written report with their service</u>, within 5 days of the following:
  - o Adverse compliance action by the Department

### III. Other Regulatory Updates and Changes

- Extensions of time for mobilization to active military duty (170.931): Gives the Department
  more flexibility to make adjustments as required in cases of both EMT certification periods
  and EMT-candidates' deadlines for taking the practical and/or written EMT certification
  exam.
- Minimum work experience of an Instructor/Coordinator (I/C) for Reapproval (170.978): Clarifies that the I/C must have done more than simply have taught in an initial EMT training program in the immediately preceding period of I/C approval: He or she must have been responsible for, and have carried out, all the duties and functions of an I/C with respect to an initial EMT training program.
- <u>Duty to Dispatch, Treat and Transport</u> (170.355(A) and (C)): Technical correction to clarify the provision with regard to duty to dispatch, assess and treat within the service's regular operating area, and transport to an appropriate health care facility.

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